

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 25 STATE FILE NUMBER 63-016937

FILED MAY 13 1963

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| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stella</u> | | c. CITY OR TOWN <u>Neosho</u> | |
| Length of stay in lb <u>33 hours</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Cardwell Memorial Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>1215 Commercial</u> | |
| HOSPITAL OR INSTITUTION | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) <u>CINDY ANN LUNDBLAD</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>1963</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/16/63</u> | 9. AGE (last birthday) Months <u>1</u> Days <u>2</u> | IF UNDER 1 YEAR IF UNDER 24 HR Hours <u>2</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u> | | 11. BIRTHPLACE (City and state or country) <u>Stella, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Kenneth Lundblad</u> | | 13b. MOTHER'S MAIDEN NAME <u>Linda Sue Dillinger</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Kenneth Lundblad Neosho, Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>anoxia due to</u> DUE TO (b) <u>occlusive Thymus enlargement</u> DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u>8:45</u> a.m. <u>p.m.</u> Month <u>April</u> Day <u>17</u> Year <u>1963</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Neosho, Missouri</u> |
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| 21. I attended the deceased from <u>birth</u> and last saw her alive on <u>April 17</u> Death occurred at <u>8:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>A. D. Fountain DO</u> | (Degree or title) | 22b. ADDRESS <u>Neosho, Mo</u> | 22c. DATE SIGNED <u>4/22/63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/19/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> | ADDRESS <u>Neosho, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5/1/63</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Moberly</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0730

2 0735

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9 273X

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Wayne Lewis

Licensed Embalmer No. 5191

P. O. Address 632 Park Street
Newbury Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.